

Enclosure 4A: EMT Statement of Understanding / Course Roster / Verification

COURSE #: _____ INSTRUCTOR: _____ SCHOOL: _____

ALL CANDIDATES:

1. I understand that I may miss 10% of the total classroom hours for any reason. I also understand that under extenuating circumstances, the **program coordinator** may allow me to miss **up to a total** of 20% of the total classroom hours. I understand that I must document (**in writing**) to the program coordinator's satisfaction, the extenuating circumstance. **The program coordinator is under NO obligation to accept my documentation or to extend me the additional 10% in allotted absences.** I understand that arriving to class late or leaving class early counts toward my allotted hours of time missed. I understand that **all** work missed must be made up at the convenience of and to the satisfaction of my instructor **before** completion of the last class. I understand that the make up of the work missed will **not** erase the hours of absences. I understand that once I have exceeded my hours of absences, I **will** be terminated from the course and will **not** be eligible to attempt the National Registry examinations.
2. I understand that the state of SC requires a criminal background check on each candidate upon certification or re-certification. I have received the necessary information on the criminal background check procedure. I understand (through these instructions) that I must successfully complete the course and pass the NREMT practical and written examination prior to beginning the background check process. I understand that background checks completed prior to successful completion of the NREMT practical and written examination will not be accepted.

INITIAL CANDIDATES National Registry EMT COURSE:

1. I must be at least eighteen (18) years of age **before** I may attempt the National Registry examination.
2. I VERIFY THAT I **HAVE** A HIGH SCHOOL DIPLOMA OR G.E.D. (*All initial candidates **must** possess this documentation **prior** to the first class.*)

REFRESHER CANDIDATES National Registry EMT COURSE:

I understand that I may **not** enroll in an EMT refresher course unless **I am or have previously been (less than two years ago) a SC certified EMT or I have written permission from SC DHEC.**

IF YOUR STATE CERTIFICATION HAS BEEN OR WILL BE EXPIRED / LAPSED FOR TWO (2) YEARS OR MORE (BY THE TIME YOU TAKE THE NR WRITTEN EXAM), YOU MUST COMPLETE ANOTHER FULL INITIAL EMT COURSE TO BE ELIGIBLE TO BECOME NATIONALLY REGISTERED & CERTIFIED / RE-CERTIFIED IN SC.

INSTRUCTOR NOTE: YOU MUST ATTACH THE CANDIDATE'S LETTER OF PERMISSION TO ENROLL IN AN EMT REFRESHER COURSE TO THE "WHITE" CERTIFICATE APPLICATION CARD.

IMPORTANT: PLEASE "PRINT" CLEARLY

CANDIDATE'S NAME LAST / FIRST	IDENTIFICATION S.S.N	SC EMT #	REFRESHERS SC EMT EXP. DATE	CANDIDATE'S SIGNATURE
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I verify that the above referenced class candidates have read and been provided with satisfactory explanations and discussions in regards to course eligibility and attendance requirements. I have witnessed all signatures and verified the status of all candidates. All policies will be enforced.

INSTRUCTOR SIGNATURE / DATE: _____

This form is to be completed at the **first** class meeting and may be requested by DHEC at any time.